

*Washington Assessment of the Risks and Needs of Students*

**STUDENT CONSENT FORM**

**PURPOSE OF THIS SURVEY:** To understand your experiences in and out of school so better programs can be developed to help you and other students.

**WHAT YOU WILL DO:** If you decide to participate, you will be asked to complete one survey which will take approximately 15 – 20 minutes. The questions will ask about past and current experiences. Some questions are personal. If you don't want to answer them, just skip those questions or end the survey.

**RISKS:** Some of the questions may cause discomfort or embarrassment. If you feel upset after the survey, someone is available to help you. Ask your teacher or counselor who is there with you.

**BENEFITS:** You may find it interesting to complete this survey. If your teacher or counselor will see your answers, it may help them understand you better and find programs to help you. To you, it may help you think about the things that are bothering you or habits that you have that you want to consider changing. The information provides you a benefit of a self-reflection.

**CONFIDENTIALITY:** Your answers are CONFIDENTIAL. Only an identification number will appear along with your answers. Your school or agency will know your identification number. Your school or agency will keep your answers in a locked drawer or on a secure computer. Your answers will then be sent, without your name, to Washington State University for storage on a secure computer. The answers at WSU are anonymous. There is no way to determine your identity from your answers.

**PARTICIPATION AND WITHDRAWAL:** Your participation is completely voluntary, and you don't have to participate. There is no penalty or loss of benefit by not participating, except that your school or agency may not be able to help you as well. You may quit at any time.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions or Concerns? Please contact someone at your school or agency. Ask your teacher or counselor.